

NOV 30 1926

# CALIFORNIA STATE BOARD OF HEALTH

## Weekly



## Bulletin

GEORGE E. EBRIGHT, M.D.  
PRESIDENT

FRED F. GUNDRUM, M.D.  
VICE PRESIDENT

A. J. SCOTT, JR., M.D.

WALTER M. DICKIE, M.D.  
SECRETARY AND EXECUTIVE OFFICER

EDWARD F. GLASER, M.D.

ADELAIDE BROWN, M.D.

ROBERT A. PEERS, M.D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. V, No. 41

November 20, 1926

GUY P. JONES  
EDITOR

### HIGH LIGHTS FROM BIENNIAL REPORT.

The following are extracts from the report of the Secretary of the California State Board of Health as published in the Twenty-ninth Biennial Report of the Board:

#### SMALLPOX.

By far the most virulent outbreak of smallpox ever to occur in California is that which appeared in 1925 and during January and February of 1926. During the calendar year 1925, 4921 cases of the disease were reported to the State Board of Health: of these 58 cases proved fatal. It is a significant fact that most of the fatal cases occurred in adults who had never been vaccinated previous to the attack. Comparatively few deaths occurred among children and youths. In 1924, 9445 cases with 56 deaths were reported. The 1925 outbreak was similar in its characteristics to outbreaks that have occurred in many cities of the United States during recent years, Kansas City, Denver, Toledo, Detroit, Salt Lake City and other metropolitan areas. This virulent outbreak served as an incentive for stimulating activity in the vaccination of citizens of all ages. In many California communities more than 50 per cent of the general population is now immunized against smallpox. It is believed that the proportion of immunized individuals is sufficiently high in most communities of the state to act as a sure deterrent against the appearance of this preventable disease in these fortunate communities. It has been found, in many cities and counties of California, that the opposition to vaccination is actually not so strong as many

have heretofore believed. Any health officer with a sufficient number of public health nurses is enabled to quietly proceed to immunize against smallpox all individuals who may desire such immunization. The procedure is that of routine work rather than a spectacular "drive."

During the six years, 1920 to 1925, 28,592 cases of smallpox were reported in California. Vaccination histories were obtained for all but 443 of these cases. It should be noted that 94 per cent (26,469) of all individuals who suffered from smallpox during this six-year period had never been vaccinated; 5.2 per cent (1452) of the individuals had been vaccinated more than seven years preceding the date of their attacks; .8 per cent (228) of the individuals had been vaccinated within seven years preceding their attacks. There is little left to be said relative to the efficacy of vaccination in the prevention of smallpox.

#### ACUTE ANTERIOR POLIOMYELITIS.

The calendar year of 1925 brought the largest number of cases of poliomyelitis together with the highest fatality rate of any single year in the history of California; 821 cases, 144 of which proved fatal, were reported in California during that year. In 1924, 192 cases with 34 deaths were reported. The trend of the outbreak in 1925 was sharper than any preceding outbreak that has occurred in California. The peak was reached during midsummer instead of in the fall, as is generally the case on the Pacific coast. The factors that had to do with changing



the trend of the curve of this epidemic are unknown. The California State Board of Health, by means of its efficient morbidity reporting, was able to recognize the approach of the outbreak in the spring of 1925, and immediately issued warnings and advice to the health officers of the state urging them to be on their guard so as to detect cases early and place them under isolation without delay. A circular letter was mailed to every doctor of medicine and all others practicing the healing art in California. This letter outlined the symptoms of the disease and urged certain precautions in the treatment, such as the necessity for resorting to no mechanical manipulations until after the fever had completely subsided. This outbreak furnished material for an intensive study of poliomyelitis in California. While the results obtained were of course meager and presented no outstanding discovery it is believed that practitioners are now better able to make proper diagnosis of the disease, thus enabling the early isolation of most cases that may be discovered during future years.

#### DIPHTHERIA.

The increase in the incidence of diphtheria which was experienced all over the United States in 1924 was felt in California. Never before had so many cases been reported during a single year as were reported in 1924, when 11,110 cases were called to the attention of the State Board of Health. Of these 695 resulted in death. The number of cases reported in 1924 was half as great, 5575, and the death rate showed a corresponding reduction as there were but 266 deaths reported during that year. California has recently suffered the unenviable distinction of having the highest diphtheria mortality rate of any state in the Union. The factors that had to do with bringing this high death rate are unknown. Health officers have been advised that the only feasible method for accomplishing definite results in the prevention of diphtheria lies in the immunization of children by means of the administration of toxin-antitoxin. Since 1924 large numbers of children throughout the state have received immunization against this disease. In those counties where full-time health units are in operation, the greatest amount of this type of work has been carried on. In many of the smaller cities, where clinics and health centers are active, a very large portion of the children residing in those communities have been successfully immunized against diphtheria. If the administration of toxin-antitoxin is made a regular procedure, carried on from year

to year by official health agencies, there is every reason to believe that this disease will ultimately be brought under absolute control. It is essential that this type of work be carried on in every California community for no other procedure in the whole category of public health is productive of any greater or more beneficent results than this. The children of California are entitled to the protection that this procedure affords and all local health authorities are urged to make this work an important factor in their administrative work.

#### TYPHOID FEVER.

There were 2630 cases of typhoid fever in California during the calendar years 1924 and 1925. There were 1856 cases reported during the preceding two years. The increase is due, in part, to a sudden explosive outbreak of the disease in Santa Ana. This outbreak was made the subject of a report printed in the twenty-eighth biennial report of the board. Subtracting the 632 cases that were reported in the Santa Ana outbreak we still have 2000 cases reported during the past two years, which represents a considerable increase over the cases reported during the preceding two years. As a matter of fact, typhoid fever is not being reduced in prevalence in California at the present time as consistently as its prevalence has been reduced year by year during the past decade. We have too many milk borne outbreaks and far too many cases are contracted carelessly by individuals who are making temporary sojourns in the rural districts where the disease is always more prevalent. Some health officers think that we have reached the point of irreducible minimum in the control of this disease. Since many states are able to maintain a death rate of but 2 per hundred thousand population, however, it would seem that there is great possibility of making further reductions in this state. Water borne outbreaks occur but seldom in spite of the fact that California must depend largely upon surface streams for its water supplies. The fact that water borne outbreaks seldom occur indicates that California cities maintain vigilance in safeguarding local supplies. If more individuals were immunized against typhoid fever and if local milk supplies were placed under more rigid control, the prevalence of typhoid fever in California would be reduced very greatly. Of course, carriers are always prevalent and many are never detected. With the extended development of local health departments it is certain that there is a stronger probability toward the detection of more



carriers. On the other hand, a number of practicing physicians residing in rural districts of the state have achieved outstanding results in the discovery of typhoid carriers in their communities. The state, as a whole, has accomplished outstanding results in the control of this disease, the death rate having fallen from 32.6 per hundred thousand in 1906 to about 4.0 per hundred thousand population in 1925. Spectacular reductions can not be expected but there is need for more intensive routine work in keeping the disease within bounds and in making further reductions in prevalence and in mortality, as well.

In some states, where a considerable number of typhoid carriers have been discovered and placed under supervision, provision has been made for the rehabilitation of such carriers. In Minnesota, for example, a state fund has been made available for use in assisting carriers who must, of necessity, change their occupations in order that the public health may not be endangered through their handling of food products. When a food handler is discovered to be a carrier of typhoid, he is obliged immediately to discontinue his trade. This generally means a long period of a new sort of work at low wages and perhaps a period of unemployment. The use of a state fund for helping such an individual to gain a new occupational foothold would seem to be necessary in many cases that have come to light in this state.

#### RABIES.

Three hundred fifty-three rabid animals were reported to the California State Board of Health during the year 1925, and 502 such animals were reported during the year 1924. This means that the disease was 50 per cent less prevalent during the last biennial period than it was during the preceding biennial period. Rabies is extremely prevalent, however, in certain sections of the state. Three-fourths of all cases reported during the last biennial period occurred in the southern part of California. A number of counties are adequately protected against rabies through the operation of control ordinances which are effectively enforced. Adequate uniform legislation for the control of this disease should be enacted and enforced in every county of the state. A county ordinance which provides for the vaccination of dogs against rabies has apparently proved satisfactory in many cities and counties of California. The single detriment to this type of legislation lies in the fact that immunization must be repeated annually in order that

it may provide an effective continuous safeguard against rabies. The cost of the immunization is being reduced year by year and there are indications at the present time that vaccination against rabies may soon be placed at so low a cost that no dog owner can afford to do without this safeguard to the welfare of his animals and his family. There were five human deaths from rabies in California in 1924 and two such deaths occurred in 1925. During the preceding biennial period there were eleven deaths of human beings from rabies. It is unfortunate that any deaths from this disease should occur. The remedy lies entirely in the control of the dog population. Unless the various city and county communities within the state show a more determined effort to exercise control measures, rabies will continue to exact its needless toll in human lives. The problem is primarily a local problem, and unless the different communities concerned take more interest in safeguarding their people against this disease it will be necessary for stringent measures to be adopted in those communities, at the hands of the state. The model ordinance for the control of rabies already referred to is presented here for the guidance of local authorities who may wish to adopt such legislation.

(Continued in next issue.)



#### MORBIDITY.\*

##### Diphtheria.

156 cases of diphtheria have been reported, as follows: Alameda 1, Albany 1, Berkeley 4, Oakland 9, Colusa 1, Fresno County 3, Fresno 1, Humboldt County 2, Imperial County 1, Brawley 4, Kern County 2, Los Angeles County 12, Burbank 1, Glendale 1, Glendora 1, Huntington Park 1, Long Beach 1, Los Angeles 57, Lynwood 1, South Gate 3, Monterey Park 1, Yosemite 1, Salinas 1, Orange County 3, Anaheim 1, Santa Ana 1, Blythe 1, Sacramento 1, Colton 1, Redlands 1, San Bernardino 1, San Diego 10, San Francisco 12, Lodi 2, Redwood City 3, San Bruno 1, San Jose 1, Sonoma County 4, Stanislaus County 1, Tulare County 2.

##### Measles.

644 cases of measles have been reported, as follows: Alameda County 10, Alameda 14, Albany 3, Berkeley 19, Oakland 216, Piedmont 12, Chico 1, Colusa 9, Contra Costa County 2, Concord 1, Pittsburg 1, Fresno 2, Bakersfield 1, Los Angeles County 2, Alhambra 2, El Segundo 1, Long Beach 3, Los Angeles 4, Pasadena 2, Santa Monica 1, Madera County 1, Monterey County 11, Carmel 21, Salinas 12, Orange County 13, Sacramento 11, Redlands 1, San Bernardino 23, National City 1, San Diego 4, San Francisco 43, San Joaquin County 4, Manteca 4, Stockton 72, Burlingame

\*From reports received on November 15th and 16th, for week ending November 13th.



1, Redwood City 2, Santa Barbara County 4, Santa Barbara 3, Santa Clara County 16, Mountain View 12, Palo Alto 3, San Jose 64, Watsonville 1, Vallejo 4, Tehama County 2, Corning 4, Red Bluff 1.

#### Scarlet Fever.

259 cases of scarlet fever have been reported, as follows: Alameda County 1, Alameda 3, Berkeley 7, Oakland 12, Chico 1, Contra Costa County 2, Richmond 1, Fresno County 1, Kern County 6, Taft 1, Lassen County 2, Los Angeles County 15, Alhambra 2, Arcadia 2, Burbank 2, Culver City 1, Glendale 4, Huntington Park 2, Long Beach 9, Los Angeles 60, Monrovia 1, Pasadena 12, San Gabriel 1, Whittier 6, Hawthorne 1, Maywood 3, San Anselmo 1, Willits 1, Monterey County 4, Anaheim 1, Fullerton 4, Huntington Beach 3, Santa Ana 1, Riverside County 1, Riverside 3, Sacramento 3, Colton 1, Ontario 1, Redlands 3, San Bernardino 1, San Diego 15, San Francisco 20, Burlingame 1, Redwood City 2, San Carlos 2, Santa Clara County 5, Palo Alto 1, San Jose 15, Santa Cruz County 1, Healdsburg 1, Santa Rosa 1, Modesto 1, Tulare County 3, Exeter 3, Ventura County 1, Yolo County 1.

#### Smallpox.

42 cases of smallpox have been reported, as follows: Oakland 2, Lake County 4, Arcadia 2, Mendocino County 32, San Diego 1, Stanislaus County 1.

#### Typhoid Fever.

17 cases of typhoid fever have been reported, as follows: Fresno County 2, Los Angeles 3, Orange County 2, Plumas County 1, Colton 1, San Francisco 3, San Joaquin County 1, Santa Barbara County 1, Vallejo 1, Sonoma County 1, Tulare County 1.

#### Whooping Cough.

77 cases of whooping cough have been reported, as follows: Berkeley 7, Oakland 6, Piedmont 7, Pittsburg 3, Eureka 2, Imperial County 1, Los Angeles County 10, Long Beach 3, Pasadena 14, Los Angeles 2, Riverside County 2, Sacramento 1, San Francisco 8, Santa Barbara 3, Watsonville 1, Visalia 6, Santa Paula 1.

#### Meningitis (Epidemic).

One case of epidemic meningitis has been reported from Oakland.

#### Poliomyelitis.

Two cases of poliomyelitis have been reported, as follows: Redondo 1, Orange 1.

#### Encephalitis (Epidemic).

One case of epidemic encephalitis has been reported from Long Beach.

#### Jaundice (Epidemic).

Two cases of epidemic jaundice have been reported from Chula Vista.

### COMMUNICABLE DISEASE REPORTS.

Disease	1926				1925			
	Week ending			Reports for week ending Nov. 13 received by Nov. 16	Week ending			Reports for week ending Nov. 14 received by Nov. 17
	Oct. 23	Oct. 30	Nov. 6		Oct. 24	Oct. 31	Nov. 7	
Anthrax	0	0	0	0	1	1	0	0
Botulism	0	0	0	0	0	1	2	0
Chickenpox	160	177	216	244	145	130	210	156
Diphtheria	120	151	161	156	104	115	135	111
Dysentery (Bacillary)	0	1	1	0	0	0	1	0
Encephalitis (Epidemic)	1	4	1	1	3	2	2	0
Food Poisoning	1	0	1	0	0	0	0	0
Gonorrhoea	81	106	134	79	66	144	134	77
Influenza	26	21	13	21	17	15	6	19
Jaundice (Epidemic)	5	4	0	2	0	0	0	0
Leprosy	1	0	0	0	0	0	0	1
Malaria	4	2	2	3	1	2	2	1
Measles	549	588	655	644	15	14	13	13
Meningitis (Epidemic)	2	5	5	1	3	0	0	1
Mumps	136	101	174	133	144	130	161	187
Paratyphoid Fever	2	1	0	0	0	0	0	1
Pneumonia (Lobar)	36	57	25	36	38	33	44	37
Poliomyelitis	6	1	5	2	11	7	11	15
Rabies (Animal)	13	8	10	13	5	8	2	3
Rabies (Human)	0	0	0	0	1	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	200	211	221	259	98	72	102	119
Smallpox	12	14	13	42	37	32	32	40
Syphilis	97	136	207	82	121	142	212	103
Tetanus	0	4	0	2	1	1	0	2
Trachoma	1	4	2	4	2	3	4	3
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	200	184	213	140	167	158	183	153
Typhoid Fever	16	19	18	17	15	12	16	10
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	57	67	71	77	52	54	71	43
Totals	1734	1856	2148	1958	1047	1076	1343	1095